

Significant Legislative Rule Analysis (SA)

Suicide assessment, treatment, and management
Suicide assessment, including screening and referral

Amending chapter 246-809 WAC (Licensure for Mental Health Counselors, Marriage and Family Therapists, and Social Workers)

Amending chapter 246-811 WAC (Chemical Dependency Professionals)

Amending chapter 246-810 WAC (Certified Counselors)

October 28, 2013

Section 1. What is the scope of the rule?

The proposed rules implement Engrossed Substitute House Bill (ESHB) 2366 (chapter 181, Laws of 2012), which was codified as RCW 43.70.422, and incorporate SHB 1376 (chapter 78, Laws of 2013).

The proposed rules do the following:

The proposed rules require licensed mental health counselors, licensed marriage and family therapists and licensed social workers to complete at least six hours of training in suicide assessment, treatment, and management every six years, as part of their ongoing required continuing education (CE) coursework. The statute allows the disciplinary authority to determine if three hour training in suicide assessment, screening, and referral is more appropriate. The Department of Health, the disciplinary authority for certified counselors, certified advisors, and chemical dependency professionals determined that the three hour training requirement every six years, as part of their ongoing CE coursework would be appropriate based on the professions' scope of practice. The proposed rules reflect this determination. The training requirements for these different groups of professions vary based upon their scope of practice and whether they can "treat" and "manage" patients that have thoughts of suicide (the first group-6 hours), as compared with screening and referring these patients to another qualified practitioner (the second group-3 hours).

The proposed rules provide clarification related to the topics that must be in an approved CE course.

Background

According to the centers for disease control and prevention:

- Each year, more than 36,000 Americans take their own lives and about 465,000 people receive medical care for self-inflicted injuries.¹
- Suicide (i.e., taking one's own life) is a serious public health problem that affects people of all ages. For Americans, suicide is the 10th leading cause of death. It resulted in 36,909 lives lost in 2009. The top three methods used in suicides included firearms (51%), suffocation (24%), and poisoning (17%).²
- Deaths from suicide are only part of the problem. More people survive suicide attempts than actually die. In 2010, about 465,000 people received medical care for self-inflicted injuries at emergency departments across the United States.¹

According to the Washington State Department of Health data:³

- Suicide is the second leading cause of death in the state of Washington for youth 10-24 years old and the third leading cause of death nationally.
- There were nearly twice as many suicides as homicides of youth ages 10–24.
- In Washington State and nationally, whites accounted for the highest total number of suicides, while Native Americans accounted for the highest rates of suicide. Suicide rates are lower for African-Americans and Hispanics.
- In Washington State and nationally, females attempted suicide more frequently, yet males died by suicide more often by a ratio of at least 4:1.
- In Washington State, firearms were the leading method of suicide for both males and females.

Nearly one fifth of veterans struggle with depression or Post Traumatic Stress Disorder, and the suicide rates have doubled in the past decade among those who served in Operation Enduring Freedom (in Afghanistan) and Operation Iraqi Freedom.⁴

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase and increase factors that promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship,

¹ Center for Disease Control and Prevention. Web-based Inquiry Statistics Query Reporting System (WISQARS). Leading Causes of Death Reports. Atlanta, GA: National Center for Injury Prevention and Control: available at: <http://www.cdc.gov/injury/wisgars/index.html>

² [National Center for Injury Prevention and Control, Division of Violence Prevention](#)

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<http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/YouthSuicidePrevention/YouthSuicideFactsheets.aspx>

⁴ Rudd, M. D., Goulding, J., & Bryan, C. J. (2011, August 15). Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk. *Professional Psychology: Research and Practice*. Advance online publication. doi: 10.1037/a0025164

community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

It is the legislature's stated intent in ESHB 2366 is to help lower the suicide rate in Washington by requiring the professionals in these rules to complete training in suicide assessment, treatment, and management or suicide assessment, screening and referral as part of their continuing education, continuing competency, or recertification requirements.

ESHB 2366 also requires psychologist, occupational therapists, and occupational therapist assistants to also complete similar training. The Board of Psychology is proposing that psychologists be required to have six hours of on-going training in suicide assessment, treatment, and management every six years. The Board of Occupational Therapist is proposing that occupational therapists and occupational therapy assistants be required to have three hours of on-going training in suicide assessment, including screening and referral every six years. Rulemaking activities for these professions are already underway.

Section 2. What are the general goals and specific objectives of the proposed rule's authorizing statute?

The general goal of RCW 43.70.442 is to reduce suicide. The legislature believes that required on-going training and education in suicide prevention for certain health care professions will help achieve this goal.

RCW 43.70.442's training requirements apply to practitioners who hold retired active credentials. The statute's objectives, which the proposed rules implement, are:

1. Establish criteria for acceptable suicide training continuing education programs, and
2. Establish the minimum number of required training hours for each profession.

Section 3. What is the justification for the proposed rule package?

ESHB 2366 requires the department to create rules setting requirements for continuing education in suicide assessment, treatment, and management. SHB 1376 clarifies the time frame for completing this training and allows some professions to complete a minimum of three hours in screening and referral. The proposed rules achieve the authorizing statute's goals and objectives by setting criteria for suicide training standards and clearly identifying which professions qualify for the three hour training in suicide assessment, screening, and referral.

The department has assessed and determined that there are no feasible alternatives to rulemaking because standards for education, examination, and practice must be enforceable, and therefore must be in rule.

Section 4. What are the costs and benefits of each rule included in the rules package? What is the total probable cost and total probable benefit of the rule package?

1. Identification of total number of rules in package

There are a total of 12 rules in this package: nine non-significant and three significant.

2. Non-Significant Rules Identification Table

Table: Non-Significant Rules

#	WAC Section	Section Title and Subject	Reason
1	WAC 246-809-600	Professions required to have continuing education. Specifies who is required to complete continuing education	Only the title of the rule is changed and other housekeeping changes are made without changing the effect of the rule. It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iv).
2	WAC 246-809-610	Eligible Continuing Education Activities Specifies the criteria a course or program must meet so that it counts towards a credential holder’s CE requirements.	The proposed title is changed and other housekeeping changes are made. It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iv).
3	WAC 246-809-620	Industry recognized local, state, national, or international organizations, or institutions of higher learning Lists specific whose approval must be obtained if training in suicide assessment, organizations, and institutions of higher learning treatment, and management is to count for CE credit.	The proposed title is changed, and other changes clarify the term “industry-recognized institution” without changing the effect of the rule. It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iv).
4	WAC 246-809-630	Continuing education requirements This section outlines the due date	The amendments to WAC 346-809-630 incorporate language from RCW 43.70.442 without material change.

#	WAC Section	Section Title and Subject	Reason
		for completing the six hours of CE and also clarifies that the hours spent completing a training program in suicide prevention count toward the total 36 hours of CE required every two years.	It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iii).
5	WAC 246-809-640	Credit hours for preparation and presentation of a lecture or educational course	<p>The title of the rule and content are clarified on when a licensed counselor may receive CE credit for presenting at an eligible CE, without changing the effect of the rule.</p> <p>It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iv).</p>
6	WAC 246-811-200	Continuing competency definitions	<p>The change in (5)(f) from Division of Alcohol and Substance Abuse to Division of Behavioral Health and Recovery is a name change attributable only to a DSHS reorganization.</p> <p>This change does not meet the definition of a “significant legislative rule” under RCW 34.05.328(5)(c)(iv); the rule is interpretive and does not subject any person to a penalty or sanction.</p> <p>The section was also alphabetized to conform to current rule drafting requirements. This change does not meet the definition of a significant legislative rule under RCW 34.05.328(5)(c).</p>
7	WAC 246-810-027	Continuing education for certified counselors and certified advisers	The amendments to WAC 246-810-027 incorporate language from RCW 43.70.442 without

#	WAC Section	Section Title and Subject	Reason
		This section outlines the due date for completing the six hours of CE and clarifies that the hours spent completing a training program in suicide assessment, screening, and referral count toward the 36 total hours of continuing education required every two years.	material change. It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iii).
7	WAC 246-811-240	Number of continuing education hours required. This section outlines the due date for completing the three hours of suicide CE and clarifies that the hours spent completing a training program in suicide assessment, screening, and referral count toward the 28 total hours of continuing education required every two years.	The proposed amendments to WAC 246-811-240 incorporate language from RCW 43.70.442 without material change. It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iii).
8	WAC 246-810-027	Continuing education for certified counselors and certified advisers This section outlines the due date for completing the six hours of CE and clarifies that the hours spent completing a training program in suicide assessment, screening, and referral count toward the 36 total hours of continuing education required every two years.	The amendments to WAC 246-810-027 incorporate language from RCW 43.70.442 without material change. It does not meet the definition of a “significant legislative rule” per RCW 34.05.328(5)(b)(iii).
9	WAC 246-810-0293	Recognized institutions of higher learning and local, state, national, and international organizations. Lists the entities qualified to provide CE programs	The proposed title change and revised language before subsection (1) are for clarity and housekeeping purposes. It does not meet the definition of a “significant legislative rule”; it clarifies the language of the rule without changing its

#	WAC Section	Section Title and Subject	Reason
			effect, per RCW 34.05.328(5)(b)(iv).

3. Significant Rule Analysis

New Section-WAC 246-809-615 Suicide training program standards

Rule Overview: Subsection (1) sets the following requirements for training in suicide assessment, treatment, and management for mental health counselors, marriage and family therapists, and social workers:

- Must cover training in suicide assessment, treatment, and management.
- Must be approved by an industry-recognized local, state, national, international organizations, or institutions of higher learning listed in WAC 246-809-620 or an equivalent organization, educational institutions or association which approves training based on observation and experience or best available practices.
- Must be at least six hours in length.
- Must be provided by a single provider, which may be provided in one or more sessions.

Subsections (2) and (3) list the statutory exemptions for suicide prevention training for state and local government employees and employees of community mental health agencies, these subsections adopt language from RCW 43.70.442 without material change. These subsections are not considered a significant rule under RCW 34.05.328(5)(b)(iii).

Rule Cost/Benefit Analysis: The requirement to complete six hours in suicide assessment, treatment, and management does not add to the total number of CE hours that must be completed.

The costs of attending a CE course in suicide assessment, treatment, and management can range from \$35 to \$225 and are comparable to the costs of attending a standard CE course. Therefore, there is no additional cost to the provider.

It is believed that educating providers in suicide assessment, treatment, and management may save lives in Washington.

New Section - WAC 246-811-280 Suicide assessment training standards.

Rule Overview: The proposed rules set the following requirements for training programs in suicide assessment, screening, and referral for a certified chemical dependency professional. The training must:

- Cover suicide assessment, including screening and referral.

- Be approved by the American Foundation for Suicide Prevention; the Suicide Prevention Resource Center; an industry-recognized organization or an institution of higher learning listed in WAC 246-811-200; or an association which approves training based on observation and experience or best available practices.
- Be provided by a single provider, which may be provided in one or more sessions.
- Be at least three hours in length.

Subsections (2) and (3) list the statutory exemptions for suicide prevention training for state and local government employees and employees of community mental health agencies. These subsections adopt language from RCW 43.70.442 without material change. These subsections are not considered a significant rule under RCW 34.05.328(5)(b)(iii).

Rule Cost/Benefit Analysis: The requirement to complete three hours in suicide assessment, screening, and referral does not add to the total number of CE hours that must be completed.

The costs of attending a CE course in suicide assessment, screening, and referral can range from \$35 to \$225 and are comparable to the costs of attending a standard CE course. Therefore, there is no additional cost to the credential holder.

Educating certified chemical dependency providers on suicide assessment, screening, and referral may save lives in Washington.

These standards limit the extent that any training program could elude the intent of RCW 43.70.442. The department considered the need to make qualified programs easily available to licensees.

Much like for certified counselors and certified advisers it is not within the scope of practice for a certified chemical dependency provider to treat or manage suicide ideation. The Chemical Dependency Professional Advisory Committee determined that requiring a Chemical Dependency Professional to take CE in a subject that was outside of their scope (i.e., suicide treatment), may lead some providers to believe that that can treat suicide ideation.

For that reason it is important to clarify that training in suicide treatment and management means training for chemical dependency providers means training in suicide assessment, screening, and referral process only.

WAC 246-810-0298 Suicide assessment training standards.

Rule Overview: The proposed rules set the following requirements for training programs in suicide assessment, including screening, and referral for a certified counselor or a certified adviser. The training must:

- Cover suicide assessment, including screening and referral.
- Be approved by the American Foundation for Suicide Prevention; the Suicide Prevention Resource Center; entities listed in WAC 246-810-0293; or an equivalent organization,

educational institution or association which approves training based on observation and experience or best available practices.

- Be provided by a single provider, which may be provided in one or more sessions.
- Be at least three hours in length.

Subsections (4) and (5) list the statutory exemptions for suicide prevention training for state and local government employees and employees of community mental health agencies. These subsections adopt language from RCW 43.70.442 without material change. These subsections are not considered a significant rule under RCW 34.05.328(5)(b)(iii).

Rule Cost/Benefit Analysis: As in the case of the other professions above, the requirement to complete three hours in suicide assessment, screening, and referral does not add to the total number of CE hours that must be completed. The costs of attending a CE course in suicide assessment, screening, and referral can range from \$35 to \$225 and are comparable to the costs of attending a standard CE course. Therefore, there will be no added costs for the credential holder.

Educating occupational therapy practitioners in suicide assessment, screening, and referral may save lives in Washington.

These standards limit the extent that any training program could elude the intent of RCW 43.70.442. The department considered the need to make qualified programs easily available to licensees.

Much like for chemical dependency providers it is not within the scope of practice for certified counselors or certified advisers to treat or manage suicide ideation, for that reason it is important to clarify that training in suicide treatment and management means training certified counselors and certified advisers in suicide assessment, screening, and referral process.

4. Rule Package Cost-Benefit Conclusion

The propose rule requires practitioners to dedicate either six or three hours of their continuing education courses in suicide assessment, treatment, and management or suicide assessment, screening, and referral, respectively, depending on their scope of practice. The rule does not increase the total number of hours that a provider must complete.

The costs of obtaining CE in suicide assessment, treatment, and management or training in suicide assessment, screening, and referral can range from \$35 to \$225. These costs are comparable with other counseling relating coursework⁵. Therefore, the rule does not impose any new regulatory compliance costs.

⁵ These figures are taken from the courses that were reviewed by the suicide assessment, treatment, and management work group; the workgroup tasked with creating a model list of training programs.

In conclusion, educating professionals in suicide assessment, treatment, and management and suicide assessment and referral may save lives in Washington State. Therefore, the total probable benefits of these rules exceed total probable costs.

Section 5. What alternative versions of the rule did we consider? Is the proposed rule the least burdensome approach?

Descriptions of alternatives considered

Alternative version: The department developed these proposed rules in a collaborative process. The collaborative process including sending notice of the rule-making to the listserv, and facilitating the following stakeholder workshops.

Alternative versions of the rule had been created; the version being proposed includes comments and amendments from previous versions.

- August 24, 2012 – Licensed Mental Health Counselor, Marriage and Family Therapy and Social Workers Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- November 2, 2012 – Licensed Mental Health Counselor, Marriage and Family Therapy and Social Workers Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- February 28, 2013 - Licensed Mental Health Counselor, Marriage and Family Therapy and Social Workers Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- April 19, 2013 - Licensed Mental Health Counselor, Marriage and Family Therapy and Social Workers Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- September 7, 2012 – The Chemical Dependency Certification Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- December 7, 2012 – The Chemical Dependency Certification Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- April 5, 2013 - The Chemical Dependency Certification Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- June 28, 2013 – The Chemical Dependency Certification Advisory Committee held a rules workshop as part of the regularly scheduled meeting.
- September 10, 2012 - The Department of Health hosted a rule-writing workshop for certified counselors and certified advisers.
- May 31, 2013 – Rule language was sent to the Licensed Counselor, Chemical Dependency Professional, and Certified Counselor/Adviser ListServ asking for public comment on draft rule language.

It was determined to not propose any rule that would require the department (or a committee of department staff) to conduct any individual review/approval of qualifying suicide prevention programs. Any such “ad hoc” review could occur during any audit of a licensee’s CE

documentation—after the fact and for that particular licensee. The department does not currently approve continuing education courses for any of the professions listed in this rule package, and it was determined that there was no benefit in treating this educational component differently.

The proposed rule clarifies the requirements for approved training programs.

Least burdensome determination

The proposed rules are less burdensome than the alternative because the standards and criteria established by the proposed rules align with the requirements set forth in RCW 43.70.442.

Section 6. Does the rule require anyone to take an action that violates another federal or state law?

No, the rule does not require anyone to take an action that violates another federal or state law.

Section 7. Does the rule impose more stringent performance requirements on private entities than on public entities unless the difference is required in federal or state law?

No. The rules do not impose more stringent performance requirements on private entities than on public entities.

Section 8. Does the rule differ from any federal regulation or statute applicable to the same activity or subject matter and, if so, did we determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary?

The rule does not differ from any applicable federal regulation or statute.

Section 9. Has the rule been coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

There are no other applicable laws affecting licensed mental health counselors, licensed marriage and family therapists, licensed independent clinical social workers, licensed advanced social workers, chemical dependency professionals, certified counselors, and certified advisers. All professionals impacted by ESHB 2366 and SHB 1376 have worked collaboratively with Department of Health staff to ensure the rules have as much consistency as possible.